

FILED NOV 22 1950

THE CITY OF ST. LOUIS  
STANDARD CERTIFICATE OF DEATH

State File No. 39272

BIRTH NO. 55-197-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2739

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>1010</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond HTS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BIRCH TREE, MO.</u>	
c. LENGTH OF STAY (in this place) <u>12 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benneth</u> b. (Middle) <u>HATHAWAY</u> c. (Last) <u>11 14 50</u>		4. DATE OF DEATH (Month) (Day) (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>AUG. 24, 50</u>
9. AGE (In years last birthday) <u>11 yrs</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI B</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>ONEY L. HATHAWAY</u>	13b. MOTHER'S MAIDEN NAME <u>CLEO MILLER</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Oney L. Hathaway</u> ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CONGENITAL HEART DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) <u>(TYPE UNDETERMINED)</u>		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY CONGESTION</u>		
	DUE TO (c) <u>PASSIVE CONGESTION of LIVER</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CONGENITAL Harelip &amp; cleft palate</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7544</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1950, to 11-14-50, 1950, that I last saw the deceased alive on 11-14, 1950, and that death occurred at 10:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Balich D.M.D.</u>	23b. ADDRESS <u>St. Mary's Hosp.</u>	23c. DATE SIGNED <u>11-15-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11/15/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Church Cem. Birch Tree, Mo.</u>
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert R. Dompke MO</u> ADDRESS <u>Duncan Funeral Home</u>	

(Licensed Embalmer's Statement on Reverse Side)

Oney L. Hathaway

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Improbable that congenital disease is  
due to any other disease.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

*Not embalmed*

Student Embalmer No. ....

*11/15/50.*

Signed ☒

*Orney Hathaway*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.